FOR STA HEALTH DEPT.

delay is ond 3 to

in pencil in Item 18. Give Pages 1,

This certificate should be executed within 24 haurs ofter death. If

CAL EXAMINER:

TO DEPUTY ME

8. Give Pages 1, 2, and 3 to alang with farm PM3. Page pages Tapd 2 with the State Department of in any event within 72 hours after death. necessory, please execute the certificate, writing the ward "pending" in pencil in Item the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's other a buriol-tronsit permit. File Heolth ar its designated ogent, prior ta buriol, cremation, ar removol, and 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used os

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH

#7,11,12,13 & 14 Film #6381 9726766" MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19653

12648

~ ~ ~ ~ ~ ~						486	0 - 0	
1. PLACE OF DEATH				USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY				
a. COUNTY	narles	MARYLA	ND	Marylane Marylane			rles	
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a				
write RURAL on Walc	d give neorest town)	Waldori				10	8-1	
d. NAME OF HOSPIT	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)			d. STREET ADDRESS			e. IS RESIDENCE	
	lashington Rd.			Old Washingt	on Rd.		ON A FARM? YES NO X	
3. NAME OF CEC	ilia Boshitti	i Middle			DATE Monti		Doy Year	
		Castro Boschitt	i		DEATH Sep	t.	9 1966	
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	X 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1		
F	W	NIDOWED DIVORCED			33 birthday)	Months	Doγs Hours Min.	
	N (Give kind af work done	IDb. KIND OF BUSINESS OR		11. BIRTHPLACE (Stote or for	reign country)	12. CITIZ	ZEN OF WHAT	
during most of working	life, even if refired)	INDUSTRY		Salto. Urus	ruay	(00)	NIRY? Uruguay	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME	,			
7	none			Ramo	ona Boschett	i_Cas	tro	
	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 IM	FORMANT	Addre		010	
	(If yes give war or dates of ser		17. 64	TORMANI	Addre	72		
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)						INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Contact gunshot wound of head						ONSET AND DEATH		
DUE TO								
Canditions, if ony	Canditions, if any, which gave) (b)							
rise to immediate couse (a),								
stoting the unde	riving cause							
) (c)_	NAME OF THE PART O	D 70 711	T TENUNIAL DISTAGE COURTED	0.000 0.007 1/ 1		Lia was autopsy	
PART II. OTHER SI 20a. EXTERNAL CA PRIMARY D or CA	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATE	D IO IH	E TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO	
200. EXTERNAL CA		206. DESCRIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury in Port I	or Part II of item 18.)			
PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING 🗆	Shot hersel	£ :-	hand				
	JRY Month, Doy, Year			OF INJURY (Hame, farm,	20f. (City or town)	(Coun	nty) (Stote)	
20c. TIME OF INJU		While Not While		y, street, office bldg., etc.)				
5:15 p.r	144	otwork atwork		Home Waldorf Charles Maryland				
21. I certif	y that I took charge of	the remains described obov	ve, held	l an Autopsy 💢 , 🛚 Ins	spection , Inqu	iry 🔲,	ond in my opinion	
death result	ted fram: Natural co	ouses , Accident ,	Suicid	e K , Hamicide	Undetermined mo	inner		
	CHIEF MEDICAL EXAMINER							
ACTUAL SIGNATURE	ACTUAL (Vi mad 0)						22. DATE SIGNED	
		1-7-17		DEPUTY MEDICAL EXA		0.	-10-66	
EXAMINER'S NAME (Type)	Charles S. Sp	oringate, M.D.		Address (Street, city,		-	70.00	
23a. BURIAL, CREMATIC	DN. 236. DATE THEREOI	F 23c NAME OF CEMETER	SA UB CE		3d. LOSATION (City, or Tow	(n) (C	[ounty] (Stote)	
REMOVAL (Specify		1110 0		atory	11/onland	ten	10	
24 FUNERAL DIRECTO	000000	ADDRESS 19 6	ZM)	250, REC'D BY R	ECISTOAD DEV DEC	GISTRAR'S SIG	MATHRE	
4. PUNEKAL DIKECIO	Sun Friend	AUDKESS / 20	9	H . A CED	1 0 10CC	Misikaks sic		
101:12161	The & client	thousand Home Tha.	MY	.A.W. DATE DEP	TA 1200	Lovery	and I want	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Page MARYLAND delay c. LENGTH OF STAY IN 1b PM3 d. STREET ADDRESS Del hours ote hours after death NAME DE Middle DECEASED the within (Type or print) Office along AGE (In years lost birthday) DIVORCED WIDOWED item | 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR foreign country) during most of warking life, even if retired) INDUSTRY be executed within 24 Examiner's pencil 13. FATHER'S NAME File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT pending in lef Medicol E (Yes, no, or unknown) (If yes give wor or dotes of service removal, 18. CAUSE OF DEATH (Enter only one couse per la burial-transit PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE should cremation, Conditions, if any, which gove rise to immediate couse (a), 0 DUE TO This certificate stoting the underlying couse 0 05 burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION the certificate, 0 20a. EXTERNAL CAUSE WAS ESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 3 should PRIMARY Or CONTRIBUTING should CAUSE OF DEATH. ogent, MEDICAL 20e. PLACE OF INTORA 20c. JIME OF JAHURY Month, Doy, Year factory, street While Not While FUNERAL DIRECTOR: Page Page please execute ot work designated the remains described above held an Autopsy director. deoth resulted from Suicide be retained Homicide ACTUAL funerol SIGNATURE ASSISTANT MEDICAL EXAMINER TO FUNE. Health or it DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) the

19. WAS AUTOPSY PERFORMED? NO K Inspection • Inquiry L and in my opinion Undetermined manner 22. DATE SIGNED REGISTRAR'S SIGNATURE

DN A FARM

YES ND

IF UNDER 1 YEAR

12 CITIZEN OF WHAT

COUNTRY?

VR A15ME (5) 6M 1/66

CPSSI - TECHNOLOGICAL SPINSON TO Mildred Commen Backette Hack 1 - 2/12 Leonardtown Md CLark Buckler Barbara Myers Barbara Buckler Sharfferentta Edward J Edelen Bing C. 9-8-66 All Faiths Episepal Charlette Hall Chi. All

MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEFARTMENT OF HEAL	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET. BALTIMORE 1. MARYLAND
12655	CERTIFICATE OF DEATH	12650

	La Vell.			
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY			
Charles	Washington D.C.			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)			
LaPlata Ad. 24-Hours	4545-Connecticut Ave N.W 47-3			
d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
Physicians Memorial LaPlata Md	DN A FARM? YES NO 3			
3. NAME OF First Middle	Last 4. DATE Month Day Year			
(Type or print) WIIIIam Merrit Case	OF DEATH 9-25-1966 19			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
lale I-US WIDDWED DIVDRCED	3-1-1897 Compared to the state of the stat			
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT			
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR LNDUSTRY				
Retired Civil Servide Dept. of Agri.	Etherville, Iowa USA.			
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME			
William A.Case	Mary Verink			
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17.	INFORMANTAddress			
(Yes, no, or unkown) (If yes give war or dates of service) 502-22-83775	bert A. Case, 6900 W. Elsworth St.			
19-1919(00-1919)	penver, volo.			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH			
PART I. DEATH WAS CAUSED BY: Coronary Occ	lusion 24-Hours			
// 3				
Conditions, if any, which \ DUE TD	sis Indefinite			
gave rise to immediate (b) Arterio Sclero	Sis Indelinioe			
cause (a), stating the DUE TO				
underlying cause last. (c) Aging Process	<u> </u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA				
CAT	PERFORMED?			
E 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	inter-tended of injuly in face for face if of feetings.			
	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)			
	ry, street, office bldg., etc.)			
p.m. 19 at work at work				
21. I certify that (1) (THIS bospital) attended the deceased from 9	-25-66 , 19 , to9-23-66 , 19 , that (I) (we) last			
	death occurred at OOOM, from the causes and on the date stated above.			
22a. SJENNAJURE	10-05-PA 22b. DATE SIGNED			
ACAL A	ATTENDING - MED STAFF - 0 06 66			
22c PAYSICIAN'S	PHYS. DIRECTOR PHYS. 19-20-00			
AAME (Type)	22d. ADDRESS Indian Head Md			
/ James E. Andrews MD	224 C 24 C 21 C			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY				
Burial 9-29-1966 Arlington	Nat'l. Cem. Arlington, Va.			
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
() A / L & S 911 0 1	C OCT E 1000 Minule Ouder			
Joseph Jawers sons wash, il	, C. DATE UL D 1956 guardes mage			

VR A15 (4) 20M 1/65

(N)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	12656
HEALTH DEPT.	1 PLACE OF DEATH

arry deloy is

Office along with form PM3. Poge

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate shauld be executed within 24 hours after death. If

necessary, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

TO DEPUTY MEDICAL EXAMINER:

File pages Vand 2 with the State Department of and in any event within 72 hours after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12651

		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed in		nce before admission)
	1	Charles	MARYLAND	o. STATE Maryland	b. COUNTY C	harles
		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporote lin		
		write RURAL ond give nearest town) La Plata	D.O.A.	Nanjemoy	(Rural)	18-1
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street address)	d. STREET ADDRESS	(100101)	e. IS RESIDENCE
9		Physicars Memorial Ho	spital			ON A FARM? YES NO X
		NAME OF DECEASED	Middle C	15/CK 1 DATE OF DEATH	Month	Day Year
	5. 5	(Type or pnnt) 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED		E (In years IF UNDER	
		Male White WIDOWED	DIVORCED .	5-25.36	birthday) Manths yrs.	Days Hours Min.
	10a.		ND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country	12 (17	TIZEN OF WHAT
	duri	ng most af warking life, even if retired) Laborer	.C. Gobermen	t Washington, D.	.c. U	UNIRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		Horace W. Cusick		Deloris		
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give war ar dates af service)		NFORMANT	Address Nan;	jemoy , Md.
	(,,	No 2	19-34-7511 M	rs. Ella K. Cus	ick-Route	#1,Box106D
		18. CAUSE OF DEATH (Enter only one couse per thre for PART 1. DEATH WAS CAUSED BY:	(a), (b), and (c)	In this him		INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDIATE CAUSE (a)	majer C	usping age	eus)	
	-	Canditions, if any, which gave	onting) -	broduce o del-		
		rise to immediate cause (a),	vicus.	Total and		
		stating the underlying couse DUE 10 last. (c)	occepation	1, Hit by	aute	9.3-66
^	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED?
	SAII		2			YES NO
	CERTIFICATION	PRIMARY Tor CONTRIBUTING	SERIBE HOW INJURY OCCURRED.	Enter nature of injury in Part I or Part II a	f item 1B.)	
		CAUSE OF DEATH.	als Have	- net by su	to	
/	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. While p.m. 19 at wark	Not While facto	CE OF INJURY (Hame, fores, 20f. (Cit pry, street, affice bldg., etc.)	y ar tawn) (Cai	unty) (State)
		21. I certify that I took charge of the rem		ld on Autonsy Inspection &	Inquiry 1	ond in my apinion
		deoth resulted from Motural couses			ermined monner	
		14/4/11		CHIEF MEDICAL EXAMINER		
		ACTUAL SIGNATURE (SO delle	u/	M.D. ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED
		EXAMINER'S	5 D T D1	DEPUTY MEDICAL EXAMINER		9-3-1
6		¥		a, MdAddress (Street, city, town, or co		00
	230	BURIAL (CREMATION, 23b. DATE THEREOF BURIAL (Specify) 9/6/1966	23c. NAME OF CEMETERY OR		ON (City or Town)	(County) (State)
	0.4	Burial 9/6/1966 FUNERAL DIRECTOR	ADDRESS	morial Gardens	Waldorf,	ICHATUPE
		rehart Funeral Home.II		2Sa. RECS BY BEGISTRAR	1966 REGISTRAR'S S	wer Judge
10	A	renard runeral nome. I	ILA-La Flata	DAIL	//	1 1

VR A15ME (5)

Health or its designated agent, prior to burial, cremotion, or removal,

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as

a burial-transit permit.

- Fight Co. - 21/20 to say interest the second of the seco The control of the co . Standard Construction on the Later Construction of the The second secon TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2557
CERTIFICATE OF DEATH
19659

1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi	dence before admission)
	Charles	a. STATE Maryland b. COUNTY Cha	rles
	b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) White Plains	c. CITY OR TOWN (If outside corporate limits, write RURAL and White Plains	id give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS	e. IS RESIDENCE
	and the state of t	DeMarr Road	ON A FARM?
3.	NAME DF First MIddle	Last 4. DATE Month	Oay Year
	OECEASEO (Type or print) Claude LeRoy De.	Marr DF Sept.	1. 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNOER 1 Y	
	Mole	July 9, 1892 74 vrs. Months Oa	ays Hours Min.
	a. USUAL DCCUPATION (Give kind of work done Industry Indu	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT NTRY?
	'armer Tobacco	PRINCE GEO, Maryland U.	S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	John T. DeMarr	Margaret Richardson	
	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
Y	res WWI 217-36-868 I	rene E. DeMarr, White Plains	s. Md.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	N. Committee of the com	INTERVAL BETWEEN ONSET AND OEATH
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CENTERCHE	VISCE SE FRIECKE	6/1000
	11000	AL FLI	1 . 11.
	Conditions, If any, which	The state of	12/1000
	gave rise to immediate cause (a), stating the OUE TD	A CHONEC SEPECE	10 1100
	underlying cause last. (c)	4, Chene Senote	10 10
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED		19. WAS AUTOPSY PERFORMED?
ICA	CENSUR1250 072016	RIOSCLENOUSS C SENCITY	YES NO
TIF.	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCUI	RREO. (Enter nature of injury in Part I or Part II of Item 18.)	
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Count) ry, street, office bidg., etc.)	y) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work	y, street, omce blug., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	7/1/66 19 to 9/1/66, 19	. that (I) (we) last
		death occurred at M. from the causes and on the	date stated above.
Н	22a. SIGNATURE	22b. OATE	E SIGNEO
	Meterta - Markete M.D.		1-66
	22c. PHYSICIAN'S NAME (Type) DODEDO 14 NEDVID N. D	22d. ADORESS	
	RODERT W. FERRIE M.D.	Waldorf, Md.	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county	y) (State)
	Burial 9-5-66 Trinity Mem.		
24	FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE MISSE
1	he Huntt Funeral Home Waldorf, Md	SEP 8 1966 Jolian	1

VR A15 (4)

County of the second second T. I Berthall, Booken and . To . A Turn Product of the the office and through the THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O the Triental Burley Control And St. Control PLANT THE WINDS OF THE PROPERTY OF THE PROPERT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 30] W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #3 Pilm DEATH CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF OEATH o. COUNTY b. COUNTY HARLES MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, BURAL and give nearest town) e. IS RESIDENCE d. STRFET ADDRESS OR INSTITUTION (If not in hospitol, give street oddress) ON A FARM? MEMORIAL YES \square NO X Middle 4. OATE Month Doy Year 3 NAME OF obert first OF OECEASED 19 OEATH Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In/years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Doys Hours ale. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO : YES 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Year Haur o.m.

20d. INJURY OCCURRED Not While

ot work at work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(City or town)

1968, that (1) (we) last

saw the deceased alive an

21. I certify that (1) (this haspital) attended the deceased fram_

1944 ta and that death occurred at \(\frac{\psi_130P}{130P} \) M, fram causes and on the date stated above.

(Stote)

(Stote)

220. SIGNATURE

22c. PHYSICIÁN

REMOVAL (Specify).

M.D

1969.

ATTENDING PHYS

22d. ADDRESS

DIRECTOR

4PUSOD

PHYS.

22b. DATE SIGNED

(County)

NAME (Type) 23o. BURIAL, CREMATION,

DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town)

· (County)

24. FUNERAL DIRECTOR

ADDRESS

REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATUR

196

VR A15 (4) 20 M 1/66

2

within 24 haurs ofter death.

the death certificate be executed

funeral 1 and

Pages the

ally filled in by the bon papers. Page, within 72 haurs 9

pou

remove tur

and in any event,

burial, crematian, or remavol,

prior to has been as the

use Health ;

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detached for the Dept. of I

director, page 3 should be detache should be filed with the State Dept.

CERTIFICATION

MEDICAL

npletely

and

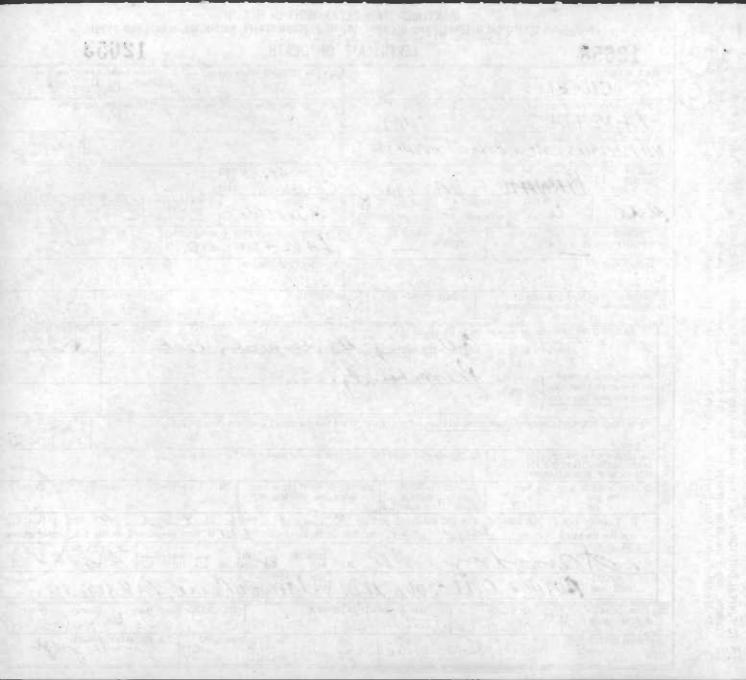
attending physician opermit. Then please

the signed by the burial-tronsit p

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital or attending physicion.

FUNERAL DIRECTOR: After this certificate

permit.



MARYLAND STATE DEPARTMENT OF HEALTH

1 10	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATEVE	12659 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEAT.	1. PLACE OF DEATH a. COUNTY CHARLES MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence Defo	re admissian)
- D . D	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neared town)	st tawn)
PM3.	write RURAL and give nearest town) Issue Issue	8-1
m m Dep	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
th I ges a for a for thou	La Plata Hospital	YES X NO
d within 24 hours ofter death. If a in pencil in Item 18. Give Pages 1, Examiner's Office along with form File page.	3. NAME OF First Middle Lost 4. DATE Month Do OF DECEASED (Type or print) JAMES P. Holton Death September 4	Y Year 19 66
Give Give Ing Ith th	S. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
s ofter 18. Given alange with t withi	Male Negro WIDOWED DIVORCED April 14,1941 last bitthday) Months Days	Hours Min.
hours tem 1 Office and 2 event	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN O	
1 s 1 s	during as of working life, even if retired) Tompkins Cons. Co. Rock Point, Maryland	J.S.A.
hin 24 ncil in niner's pogg	13. FATHER'S NAME	
with the Example File ond	Joseph Holton Mary Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Washeshim to re-	72.0
executed nating" in Medical 1 permit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yearno, or unknown) (If yes give wor or dotes of service) Unkown 17. INFORMANT Washing tor Washing tor Washing tor	ST. N.I
be execut "pending" hief Medica ansit permi		ERVAL BETWEEN ISET AND DEATH
shauld be e ne word "per o the Chief <i>I</i> burial-transit motian, or re	981 X DUE TO	
ute shauld y the word d to the C a burial-tr	Conditions, if any, which gave (b) (b)	
a b crem	stating the underlying cause DUE TO	
ifica iting arde arde ial, o	last. (c)	IN 16 AUTODOV
This certificate shauld be executed within 24 hours ofter death cate, writing the word "pending" in pencil in Item 18. Give Pages be forwarded to the Chief Medical Examiner's Office along with fabe used os a burial-transit permit. File page, and 2 with the State r to burial, cremotian, or removal, and the event within 72 ho	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19.	WAS AUTOPSY PERFORMED?
4 2 2	20a EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING Altercation with another man	
	20c. TIME OF INJURY Month, Day, Year 1:45 Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 1:45 Hour a.m. 20f. (City or town) 1:45 Hour a.m. 20f. (City or town) 1:45 Hour a.m. 1:45 Hour a.m.	(State) Md.
L EXA ecute Page or you R:Pog		in my apinian
MECTAL EXAM please execute th of director. Page 4 retained for your L DIRECTOR: Page its designated age	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	iii iiiy apiiiiaii
MELICA blease er director etained DIRECTOR	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	OO DATE CLOSED
Y N Y N N N N N N N N N N N N N N N N N	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LA	22. DATE SIGNED
O DEPUTY MEETAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	. 3, 1966
TO FINE HEG	230. BURIAL, CREMATION, PRINCE OF CEMETERY OR CREMATORY STATE THEREOF HOLY Ghost Cemetery Issue, Maryland	
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	
6M 1/66	Arehart Funeral Home, Inc La Plata, Md. DATE SEP 9 1966 yclianles	Judge

The State of the Court of the C SEAL OF STREET OF STREET STREET, STREET STREET, STREET STREET STREET, STREET, STREET, STREET, STREET, STREET,

FOR STATE HEALTH DEPT director. Page for your files.

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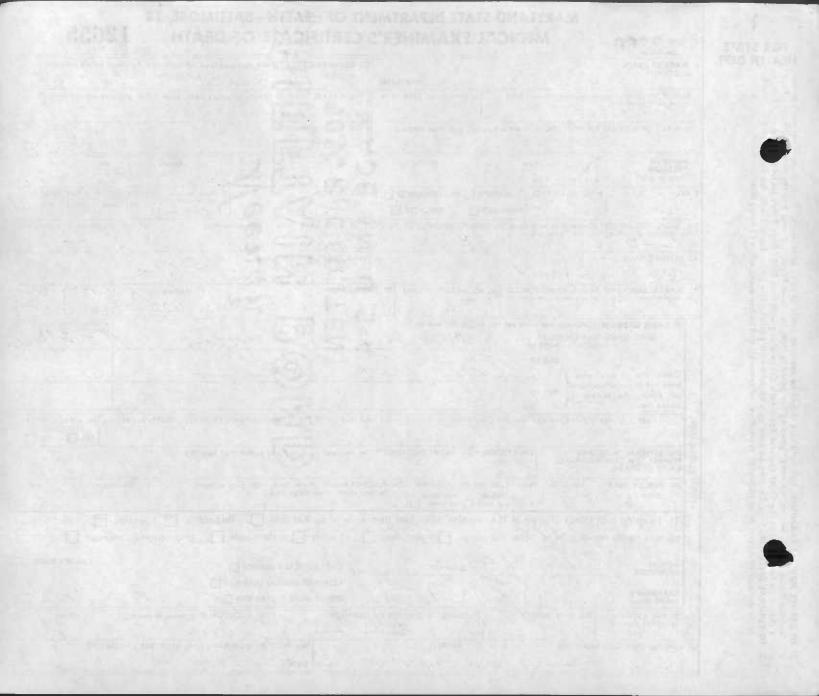
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12655 Reg. Dist. No.

	1. PLACE OF DEATH APPLES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYCAND b. COUNTY FARIES						
	b. CIPTOR TOWN If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b (end give nearest fown)	c. CITY ONTOWN (If butside corporate limits, write RURAL and give nearest town)						
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO						
	3. NAME OF DECEASED (Type or print) AVIS Middle	ACKSON LOST SOFT 27 1966						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. NO SEX DIVORCED DIVORCED 1.	DATE OF BIRTH 9. AGE [in years IFUNDER 1YEAR IF UNDER 24 HRS. In years IFUNDER 1YEAR IF UNDER 24 HRS. If UNDER 24						
	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) URGIN A							
	13. FATHER'S NAME JACKSON	Josephine FRYR						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or dates of service) 578-01 - 2600	BERTHA GIBBSON - 438 POTOMAE AUC SC						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ceclesies interval between						
	Conditions, if ony, which) (b) Leve the See							
	gave rise to immediate cause (a), stating the underlying cause last. (c)							
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
		iter nature of injury in Part I ar Part II of item 16.)						
	20c. TIMEOF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while factor work at work at work	E OF INJURY (Home, farm, 201. (City or lown) (County) (State) ry, street, office bldg., etc.)						
	21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes . Accident							
	ACTUAL SIGNATURE / Cf delcu-	M.D. CHIEF MEDICAL EXAMINER [
-	EXAMINER'S E. J. F. DELEN	ASSISTANT MEDICAL EXAMINER D 9-27-66						
	BURITE OCT 1,66 FOREST / Australia	CREMATORY (22d. LOCATION (City, town, or county) (Stote)						
	23. FUNERAL DIRECTOR'S STONATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						

4 should be for TO DEPUTY MEDIC VS. A15ME 5M 2/57

DEPUTY MEDIC: EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is execute the certificate within 24 haurs after death. If any delay is 4 should be failed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relay 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 3-and 2 with the State or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before edmission) I. PLACE OF DEATH e. COUNTY b. COUNTY Maryland Charles by the and 2 death. Charles MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 þ write RURAL end give neerest town) La Plata Indian Head 5 Pages filled aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE papers, Pag in Z2 hours ON A FARM? Physicans Memorial Hospital YES NO X completely 3. NAME OF DATE Month Day Yeer DECEASED OF September 66 (Type or print) JOHNSON DEATH and cor carbon S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED event гетоуе 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Construction Washington Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= ding and Henretta Chapman Thomas Johnson aften Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or dates of service) Mr. Harry Hohnson-Son Ironsides, Md. 0 permit. 18. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN by ONSELAND DEATH ō PART I. DEATH WAS CAUSED BY: Cardia Collagne. as been signed to burial-transit per IMMEDIATE CAUSE (a) emation, DUE TO aftending Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying burial, hospital or a certificate ha r use as the b ceuse lest. PHYSICIAN: CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION as o PERFORMED? NO X YES prior 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) etached After MEDICAL ATTENDING DIRECTOR: After 3 should be detached be 5tate Dent 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Year (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from...) 19(c.(e, that (1) (we) last ...19.4.6., and that death occurred at saw the deceased alive on.PM, from the causes and on the date stated above. 22e. SIGNATUS 22b. DATE 2 SIGNED PHYS. DIRECTOR PHYS. death. Page 4 M.D. HOSPITAL page 22d. ADDRESS PHYSICIAN'S NAME (Type) Wooddy, M. D. La Plata filed \ Maryland 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Md (Stete) REMOVAL (Specify) D g Jeasus Christ Cemetery, Ironsides Church 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Arehart Funeral Home, Inc .- La Plata, Md. DATE 2DM 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DOLLHEST SE TENNER Company of the second of the second Su-11-8987 No. - Commis- Commis- Com VSCS-Un-US The state of the control of the cont ALL THE THE THE THE THE THE TENT OF THE THE THE THE

FOR STATE HEALTH DEPT.

used as a burial-transit permit. File pages 1 and 2 with the State Department to burlal, cremation, or removal, and In any event within 72 hours after death.

3 should be a agent, prior t

TO FUNERAL DIRECTOR: Page of Health or its designated

MADVIAND STATE DEDADTMENT OF HEALTH Divis

		TARTIMENT OF		
on of STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	12657

	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
		Charles	Maryland Charles
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4		La Plata	La Plata
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS e. IS RESIOENCE ON A FARM?
2		Physicans Memorial Hospital	Oak Avenue
	3.	NAME OF DECEASED ALA First Incide -	Last 4. DATE Month Oay Year
		(Type or print) / / // / (SON)	DONOS DEATH 4 3 1956
	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIEO 8	B. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED	1-27-99 Gast birthday) Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	uuii	Ing most of working life, even if retired) House Wife At Home	Alabama U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME
		William B. Gibson	Ozella Welch
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes	s, no, or unkown) (If yes give war or dates of service) 213-54-5467 Dr	r. J.J. Jones- La Plata , Maryland
		18. CAUSE DF DEATH [Enter only one cause per lipe for (a) (b), and (c)]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Official Artificial Control of the Control of	4 OCCLOSION 9-3-6
		DUE TO	
П		Conditions, if any, which (b)	
		gave rise to immediate cause (a), stating the DUE TO	
		underlying cause last. (c)	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
9	CAT		YES NO X
H	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CER	CAUSE OF DEATH.	
	CAL	tantan	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While at work	ry, street, office bldg., etc.)
	2	21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection Inquiry , and in my opinion
			cide , Homicide , Undetermined manner
		2/1/2	CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE & SCHOOL SIGNATURE	M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
		111	DEPUTY MEDICAL EXAMINER
6		EXAMINER'S NAME (Type) // E DELLA	Address atreff, loav teavn, or children 7 - 2 - 66
	23a.	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
H		Burial 9/7/1966 Mt. Rest (Cemetery La Plata , Maryland
1	-	FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	A	rehart Funeral Home, IncLa Plata,	Md. DATE SEP 9 1966 yellarles Judge

VR A15ME 3500 4-64

TO DEPUTY MEDICA

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM3. Page 5 may be retained for your files.

MANAGE AT A STATE OF THE PROPERTY AND A STATE OF THE PARTY OF THE PART . . . HEROLD . C. STELL LAW , the first such and any year-seed. In adversion, and will all the property of the And the last the last to the first t

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth by the hospital or ottending physician. O FUNERAL DIRECTOR: After O HOSPITAL OR ATTEND Poge 4 moy be retoined director, page should be filed

24. FUNERAL DIRECTOR

22c. PHYSICIAN'S

23o. BURIAL CREMATION.

NAME (Type)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Shilo M.E. Cemetery

2So. REC'D BY REGISTRAR

22d. ADDRESS

DIRECTOR

23d. LOCATION (City or Town)

Maryland 2Sb. RÉGISTRAR'S SIGNATURE

(County)

f9. WAS AUTOPS)
PERFORMED?

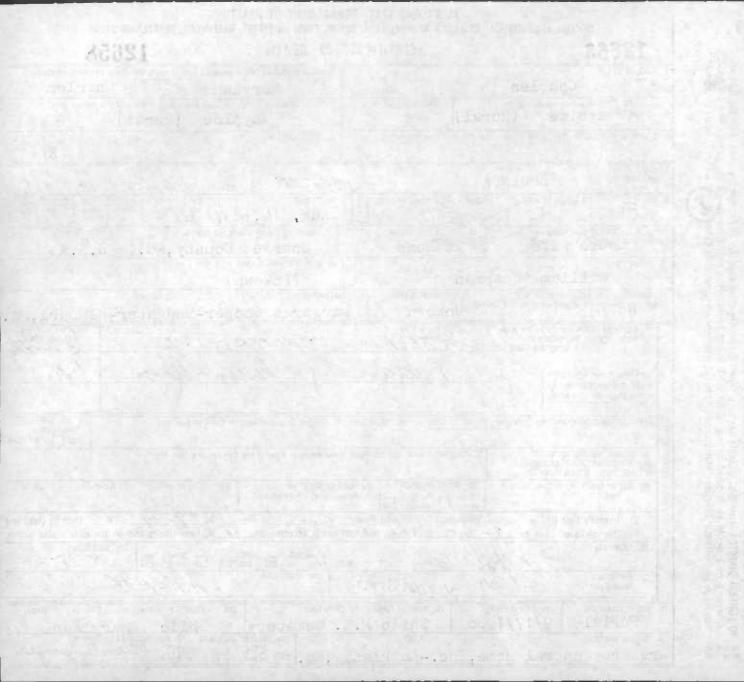
(Stote)

Charles

12. CITIZEN OF WHAT

e. IS RESIDENCE ON A FARM? YES A NO

Arehart Funeral Home, Inc. - La Plata . Md.



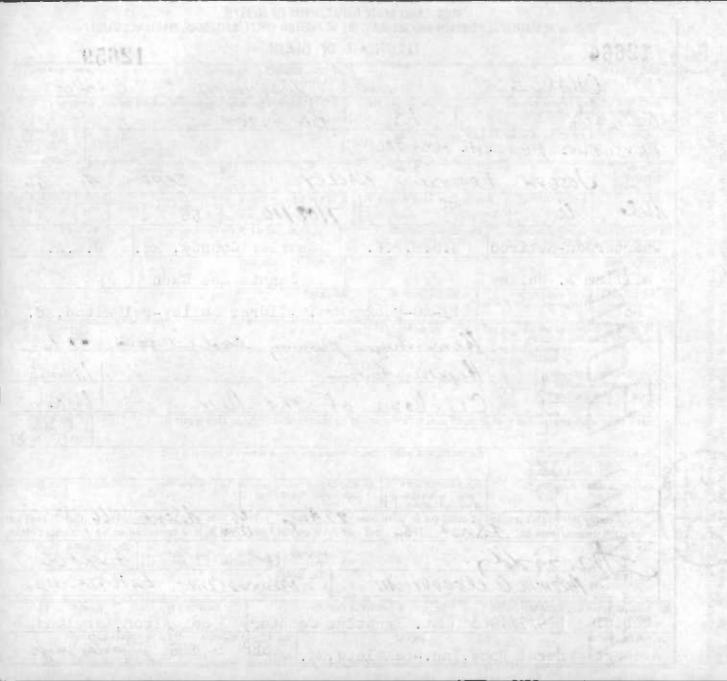
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Vi		12664	CERTIFICATE			12659
62		PLACE OF DEATH O. COUNTY CHARLES b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) A A A A A A d. NAME OF HOSPITAL OR INSTITUTION (If not in h PHYSICIANS MEMORE		c. CITY OR TOWN (If our	Vhere deceosed lived, if institut b. COUI tside corporote limits, write RUI	CHARLES
	S. /1	SEX 6. COLOR OR RACE 7. N WILLIAM OCCUPATION (Give kind of work done	NARRIED NEVER MARRIED 8 DOWED DIVORCED 10b. KIND OF BUSINESS OR		4. DATE OF DEATH 9. AGE (In years last birthdoy) 50 yrs. 8 Stote, or foreign country)	H 1966 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. 12. CITIZEN OF WHAT
	13. 15.	ring most of working life even if setired your terman—Retired FATHER'S NAME William A. Nalley WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wor or dotes of servi	re)	14. MOTHER'S MAIDEN N Jenni FORMANT	Le Lee Cash	
	NC	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hephic factor Circhosis o	prinary.	lexpliqued 11.	Interval Between ONSET AND DEATH Immsth. I year. I'm was autopsy Performed?
	AL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (I			YES NO R
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 21. I certify that (I) (this haspital) saw the deceased alive on 1220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) ARTHUR O,	While Not While of work of work of work of work	ATTENDING PHYS.	196 to A Sent	(County) (Stote) (Stote) (Stote) (Stote) (APLATA . MD .
	24	BURIAL CREMATION, 23b. DATE THEREOF 9/7/196 FUNERAL DIRECTOR	ADDRESS	as Cemeter	BY REGISTRAR 25b. REG	on, Maryland GISTRAR'S SIGNATURE
	- 1	Arehart Funeral Hor	ne.lncLa Plata	A MC DATE OF	P 9 1946 /	Clianles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

certificate be executed within 24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death



FOR STA HEALTH DEPT:

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. permit. File pages 1 and 2 with the State Department removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit of Health or its designated agent, prior to burial, cremation, or

O DEPUTY MED

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH

DEATH 11 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. COUNTY				a. STATE b. CDUNTY					
b		harles N (If outside corporate Ilir	nite Lo LENG	MARYLAND TH OF STAY IN 1b		Marylan	rporete limits, writ	Charl	
D.	write RURAL	end give nearest town)	nits, C. LENG	TH OF STAT IN TO	C. CITT DR TON	ill (II ontring co	rporata minits, with	te KOKAT SIIG BI	ve nearest town)
	La Pla	ta		DOA		aldorf			08-1
d	. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, g	ive street address)	d. STREET ADDE	RESS			e. IS RESIDENCE DN A FARM?
	Physic	ians Memori	al Hosp	ital	RTI	BOX 5	72		YES NO S
	AME OF ECEASED	First		Middle	Lest	4. DATE	Month	Day	Year
	ype or print)	Mary	E	thel	Olsen	DEAT	н Sepi	t. 12	, 1966
5. SI	EX	6. COLOR OR RACE 7.	MARRIED NEVI	ER MARRIED	B. DATE OF BIRTI	H / 9.			IF UNDER 24 HRS.
-	male		IDOWED 🔀	DIVDRCED	1-15.9	2	7 Lf yrs.		Hours Min.
		ION (Give kind of work done ing life, even if retired)	10b. KIND DF BI	USINESS OR	11. BIRTHPLA	CE (State or fort	eign dountry)	12. CITIZEN COUNTRY	OF WHAT
	Iousew	-	Dome	stic	MI	7 RNL	AND	U.S	.A.
13.	FATHER'S NAM	Ε			14. MOTHER'S	MAIDEN NAME			
A	LERED	GRIFF	77H S	anner	ALIC	5	FISH		
		EVER IN U.S. ARMED FORCE		ECURITYNO. 17.	INFORMANT		Address		
(Yes,	no unkown)	(If yes give war or dates of serv	577-40	-3/43 D	+4001	0156	AL WA	DOO	F MA
1	8. CAUSE DF	DEATH [Enter only one car	sea nardina de (a)	(h) and (a)]	11/1/NY	1-26	1) LIMTE	RVAL BRIWEEN
		EATH WAS CAUSED BY: IMMEDIATE CAUSE (e)_	Je J	souls	ey De	reli	won		ELAND DEATH
	4301	DUE TO	11						
C	onditions, if		1	/					
	ave rise to	Immediate (
	ause (a), s	tating the							
-		SIGNIFICANT CONDITIONS	ONTRIBUTING TO	FATH BUT NOT BEL	TED TO THE TERMI	NAL DISEASE CON	NDITION GIVEN INP	ART 1(a) 19.	WAS AUTDPSY
ATIO	ALL III OTHER	MANUAL CONDITIONS	ON TRIBUTING TO	JEANN BOT NOT KEEP	TED TO THE TERMI	INCOLOCIO	101101101111111111111111111111111111111	YE	PERFORMED?
1 -2	Oa. EXTERNA	L CAUSE WAS	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter nut)	re of Inlury In P	Part I or Part II of		- III
E P		CONTRIBUTING	200. 02001102	. 11011 1110000	THE DITTE OF THE PARTY				
	Oc. TIME OF	INJURY Month, Day, Year	20d. INJURY OC		CE DF INJURY (Hor		(City or town)	(County)	(State)
MEDICAL	Hour e.r		While Not	While —	ry, street, office blo	dg., etc.)			
Ξ _	p.	m. 19 y that I took charge of	at-work at v		d on Autonou [, Inspection	on Inquir	y and	in my opinion
		11/	/						in my opinion
	death result	ed from: Natura cau	ses , Acc	ident, Sui		micide,	Undetermined r	nanner	
	CTUAL	107	800			DICAL EXAMINER		22	. DATE SIGNED
	IGNATURE	/CXXIC	nere	. ~	M.U.	T MEDICAL EXAM			2-66
E	EXAMINER'S	T Paston	M D			EDICAL EXAMIN	-	737 1	1/7
		E.J. Edelen					n, or county) La		
23a.	BURIAL, CREM REMDVAL (Spi	MATIDN, 23b. DATE THER ecify)	EOF 23c. 1	NAME OF CEMETERY	OR CREMATORY	230. L	OCATION (City, tov	vn or county)	(State)
24.	FUNERAL DIRE	ECTOR	A	DDRESS	25a.	REC'D BY REG	ISTRAR 25b. REC	GISTRAR'S SIGN	
7/	Q HUA	TELUNER	AL Hone	PALDORI	MD DATE	SEP 1	6 1966	Charle	Judge
			ALTERNATION OF THE PARTY		DATI				4

ASSETT OF STREET POLICE OF THE WAY TO BE AN AREA OF THE PARTY. nanga Determine Delignment was before 78 The second se Total Text Control of the Section of the material was a second .be death all sales of the state of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2 ::			12566	CERTIFICATE	OF D	DEATH		1266	1
r deoth. Uneral 1 and 2 er eleoth	1		PLACE OF DEATH 1. COUNTY HARIES	MARYLAND	2. USUAL a. STAT	RESIDENCE (W	here deceased lived, if in yland b.	county Cha	e before admission) arles
by the fund Pages 1 c	M		o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR		rside corporate limits, writen Haed	e RURAL and give	nearest tawn)
iin 24 hours a filled in by th papers. Pag thin 72 hours	62		NAME OF HOSPITAL OR INSTITUTION (If not in his	aspital, give street address)	d. STREET	ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
that the death certificate be executed within 24 hours ofter on. by the attending physician and completely filled in by the furtransit permit. Then please remaye corban papers. Pages 1 cremotion, or removal, and in any event within 72 hours after	0		NAME OF DECEASED Type or print) + RELERICK	WARFIELD	Pose	EY	4. OATE OF DEATH	Month 7	Day Year 3 19 66 YEAR IF UNDER 24 HRS
and completely f	1	S.	MALE WHITE WI	DOWED OIVORCED	Sept	ember	2, 1968 (In year	yrs. Months	Days Hours Min.
icate be rsician ar pleose	1	duri	USUAL OCCUPATION (Give kind of wark done names to warking life, even if retired) Infant FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	CH,	AS MAIDEN N	State, or fareign cauntry)		INTRY? A
e death certific attending phys permit. Then p			WAS DECEASED EVER IN U.S. ARMED FORCES?	POSE U	OF E	3ANA	IE KO	ZA/F Address	<i>:</i>
attendii permit.		(Ye	s, na, or unknown) (If yes give war or dates af servi NO 1B. CAUSE OF DEATH (Enter anly ane cause per	None In	is Ce	Liw	POSEY.	JNEIA	N HEAD MA
that the			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Hyaler	1/	hends	coul dis	ians.	ONSET AND DEATH
IAN: The low requires tall or ottending physici ficote has been signed for use as the burial-f Health prior to burial.			Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause last. (c)						
	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINA	L DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature	e of injury in P		B.)	
G PH the h	B	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	While Nat While at wark facto	ry, street, of	Y (Hame, farm, ffice bldg., etc.)			
Ped in			21. I certify that (I) (this hospital) sow the deceased alive on 220. SIGNATURE	ottended the deceased from	deoth o	ccurred of	/	uses and on th	that (I) (we) lose date stated above
OR be re DIRE			To Divisionalis	mes M.D		ADDRESS	MED. STAFF PHYS.	0 9	-3-66
SPITA 4 moy 1ERAL or, po	- /-	_	NAME (Type)	JOHNSON M.O.			A PLATI		
TO HOSPITAL Poge 4 may be TO FUNERAL D director, page shauld be file	0	1	BURIAL, CREMATION, 23b. OATE THEREOF PLANE DIRECTOR	23c. NAME OF CEMETERY OR C	F LL	L 2Sa REC'D	23d. LOCATION (City A R B BY REGISTRAR 25	or Town) (PURY b. REGISTRAR'S SIG	(County) (Stote) CLIAS M. C. GNATURE
VR A15 (4)	M	24	10 = 11 11 = + T 11		+ n N	4 /	D ~ OCC		100.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. de de PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Charles County after the MARYLAND Pages aft CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 10-Yrs Indian Head Indian Head Md = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AODRESS e. IS RESIDENCE within 72 ON A FARM? Chapmans Landing NOetely rbon p within NAME DE DATE Month Year DECEASED OF DEATH 9-12-1966 Ruie Ethel Randle (Type or print) 19 executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours Female WIDOWED 80 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician en please 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even If retired) INDUSTRY Housewife Ottumwa Iowa certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending permit. Then Nancy J. Tindell Peter J. Dalrymple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. death (Yes, no, or unkown) (If yes give war or dates of service) J. L Randle. Son. Indian Head Md cremation. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the signed by purial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Occlusion-Massive Coronary ending physician. Immediate burial-ti burial, DUE TO Indefini Conditions, If any, which Hypertension peen gave rise to immediate has been a as the OUE TO (a), stating the Arterio Sclerotic Heart Disease underlying cause last. hdefinite PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate Aging process YES NO To hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) r this certified detached for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be dilled with the State Hour a.m. Not While ATTENDING at work at work 21. I certify that (1) (this hospital) attended the deceased from 6-6-1956. 19 to 9-12-19669 that (I) (ne) last saw the deceased alive on 9-1-1966 19 and that death occurred at 5: 1 MP from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED page STAFF DIRECTOR FUNERAL AYSICIAN'S HOSPITAL 22d. AODRESS director, p THE (TYPO) E. Andrews Indian Head BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9 14/1966 Mem. Church Jessops Cemetery , Cockeysville, Md. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Arehart Funeral Home, Inc .- La Plata, Md. DATE VR A15 (4) 20M 1/65

The substant a personal and the substant 98 3681- 1-The state of the s Me of William Participation Charges Comment of Works of Williams Arminum Funarial Home, part man, are in a ser and arminum MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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HE.	AL	TH		A P	E.P
r death. If any delay is	ive Pages 1, 2, and 3 ta	I should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page		the State Department af	The Land Land
I hours afte	Item 18. Gi	Office along		I and 2 with	Transfer or the last
d within 24	in pencil in	Examiner's	.7	File pages	and in land
be executed	"pending"	ief Medical		nsit permit.	Tomos as
ite should	the ward	d ta the Ch		a burial-tra	romation
his certifica	ate, writing	e forwarde		be used os	to burial
MINER: I	he certific	should by	r files.	3 should	ant prior

necessary, please execute the the funeral director. Page 4 s 5 may be retained for yaur f TO FUNERAL DIRECTOR: Page 3 Health or its designated ager

	12668	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	ATH 12	663
1.	O. COUNTY		2. USUAL RESIDENCE Where dec		ence before admission)
-	b-CHY OR TOWN (If autside carporate limits,	C. LENGTH OF STAY IN 16	10/224	land C	nanes
	first RURAL and give nearest thwn)	C. LENGTH OF STAT IN 15	c CIPY QR OWN (If autside sorp	portine limits, write KUKAL and gi	ve nearest tawn)
-	d. NAME OF HOSPITAL OR INSTITUTION (y not in	n hospital, give street address)	STREET ADDRESS		e. IS RESIDENCE
	(1-		A		ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Antoine of	ANS ON COF	6	Co 196 C
S.	// / // a. /	. MARRIED NEVER MARRIED WIDOWED DIVORCED	March 14 196	9. AGE (In years IF UNDER last birthday) Manths	Days Hours Min.
	a USUAL OCCUPATION (Give kind of work dane tring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BJK)HPLACE (State or foreign		ITIZEN OF WHAT OUNTRY?
13	EATHER'S NAME		14. MOTHER'S MAIDEN NAME	ho I	
1	Tobert 122	some	103h /	Mack	
(Y	(If yes give war ar dates af se	ervice) 16. SOCIAL SECURITY NO.	NEORMANT Pane	ome for	sakey
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	per line for (a) (b), and (c).	1477	lea,	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) PUE TO	- 1:	10.	800	
	Canditions, if any, which gave is to immediate cause (a), (b)	pullune	a pelack.	larced /	6146
	stating the underlying cause last.	Det Har	n -	! (
MOITA	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE FERMINAL DISEASE CONDITION GI	IVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Ball or f	Port II of itempto.	wer,
MEDICAL	20c. TIME OF WORKY Month, Day, Year	While Nat While	ACE OF HIJURY (Hame farm 20f.	(City town) (Co	unty) (Stote)
	21. I certify that I took shall a	f the remains described above b	eld an Autansy 🗇 Inspec	ctian Inquiry	and in my apinian
	death resulted frame Natural c			Undetermined manner	
	ACTUAL A	10	CHIEF MEDICAL EXAMINER		22. DATE SIGNED
	SIGNATURE EXAMINER'S	reu - 1	M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAMINE		ZZ. DATE SIGNED
	NAME (Type) / Eduar	d J. Edele	Address (Street, city, town		-6-66
230	o. BURIAL, CREMATION, 23b. DATE THEREC	-66 Metropolit	crematory 23d.	LOCATION (City or Town) Rely	(County) (State)
5	the Hunt June a)	Some Haldon X	nel 250. REC'D BY REGIS	TRAR 25b. REGISTRAR'S	IGNATURE /

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TO DEPUTY MESTAL EXAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY ARLES MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? YES NO Middle 4. DATE Month 3. NAME OF Lost Day Year DECEASED OF 19 DEATH IF LINDER 1 YEAR AGE (In years 7. MARRIED lost-birthdoy) Months DIVORCED WIDOWED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

p.m.

Hour o.m.

20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED

Not While

While

20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)

(City or town)

and that death accurred at 5 4 M. fram causes and an the date stated above.

(County)

(Stote)

Z	1.	l ce	rtity	that	(1) $(m$	is he	spita	I) ar	rended	
Si	aw	the	dec	eased	alive	an_	8	13	23	 1966
),	SIG	NATU	RE	-	2	24	7	1		

PHYS 22d. ADDRESS DIRECTOR

PHYS

22b. DATE SIGNED

1966 that (1) (we) last

22c. PHYSICIAN'S NAME (Type)

BURIAL CREMATION

REMOVAL (Specify)

220

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town)

(County) (Stote)

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 20 M 1/66\$

requires that the death certificate be executed within 24 hours after death

completely filled in by the funero

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signed by the buriol-tronsit p

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State Dept. of Health

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the hospital or attending

be retained

TO HOSPITAL Page 4 may b

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burial, cremation,

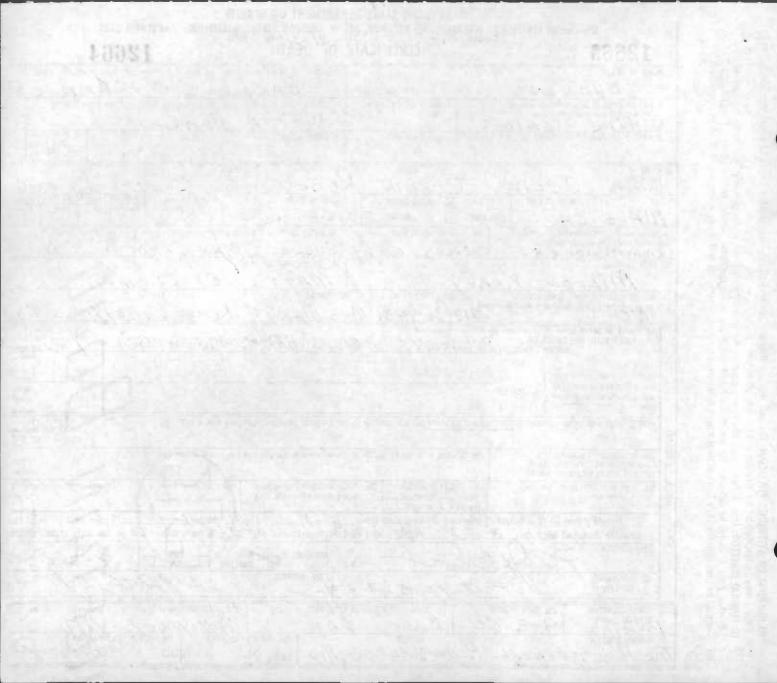
S SEX

24. FUNERAL DIRECTOR

250. REC'D BY REGISTRAR

2Sb.

REGISTRAR'S SIGNATURE



executed within 24 hours after death.

functal and Serr r opatificati TO FUNERAL DIRECTOR: After this certificate has been signed by the attending on sician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

be

certificate

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12655 DIVISION

1. PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY								
Charles	Maryland Charles								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
La Plata	Potomac Heights								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
Physicians Memorial Hospital	88 Circle Avenue YES NO								
3. NAME DF First Middle DECEASED (Type or print) Decease Access A	Last 4. BATE Month Day Year OF DEATH 9 6 12 19 66								
noselea apries	Shaw DEATH 9 6 1.2 19 66 3. DATE OF BIRTH 19. ACE (In years I F UNDER 1 YEAR II F UNDER 24 HRS.								
Female White WIDOWED DIVORCED	last birthday) Months Days Hours Min.								
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT								
during most of working life, even if retired) Propelent Handler U.S. N.P.P.	Virginia COUNTRY? U.S.A.								
Propelent Handler U.S.N.P.P.	14. MOTHER'S MAIDEN NAME								
22 0 1001									
Darnell Griffin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Agnes Kincheloe INFORMANT Address Potomac Hgts								
(Ves no or unknown) ((If yes nive war or dates of service))	Mr. David M. Shaw-Husband- Md.								
DIO 1									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CHRAMBUSUS 1								
1531 DUE TO (1 to.	& b morths								
Conditions, if any, which (b) le a Kanverse Colon									
gave rise to Immediate cause (a), stating the DUE TO									
underlying cause last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
5 DWAL OBTRUE	YES NO D								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 203. ACCIDENT WAS UNDERLYING TO CONTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)								
- factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)								
Hour a.m. While Not While p.m. 19 at work at work	()								
21. Legrify that (I) (this hoppital), attended the deceased from	8/10 1906 to 9/12 1966 that (1) (we) last								
	death occurred a 2 2 M, from the causes and on the date stated above.								
22a. SICNATURE	22b. DATE SIGNED								
M.D. Waters M.D.	ATTENDING MED. STAFF PHYS. 9/17/								
22c. PHYSICIAN'S	22c. PHYSICIANUS 22d. ADDRESS								
NAME (Type) A. M. Monteiro, M. D.	Box 807, La Plata, Maryland								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)								
Burial 9/16/1966 St. Pauls	Church Cemetery Waldorf, Md.								
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE								
Arehart Funeral Home, IncLa Plata	Md. DATE SEP 19 1966 Charles Judge.								

VR AI5 (4) 20M I/65

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FOR STATE HEALTH DEPT.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forworded to the Chief Medical Examiner's Office olang with form PM3. Page any delay is 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. This certificate shauld be executed within 24 hours ofter death. If TO DEPUTY MELLAL EXAMINER:

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	12671 MEDICAL EX	XAMINER'S CERTIFICATE OF DEAT	Н 12666
	1. PLACE OF DEATH Cleaples -	MARYLAND O. STATE	ed lived, if institution: Revident before admission) b. COUNTY
	b. CITY On TOWN Upoutside corporate limits, write RURAL and give peopest Constitution of the control of the con	OF STAY IN 1b C CITY OR TOWN (It outside corporate	te limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL OR INSTITUTION of not in hospitol give street or		e IS RESIDENCE ON A FARM? YES NO
	DECEASED (Type or print)	Middle SIMMENS 4 DATE OF DEATH	Month 2 Day Year 6
	/ WIDOWED	R MARRIED 8. DATE OF BIRTH DIVORCED 5-//	AGE (In yeors as a first of the
	10a. USUAL OCCUPATION (Give kind of work dane during most of working kite even if retired) HOUSEWITE INDUSTRY	Charles Count	COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Reeder Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	Elizabeth Chu	Address
	(Yes, no, or unknown) (If yes give war ar dates af service)		. 224-Marbury, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO (b) DUE TO (c)	ranary Acclus	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CEDTICI	PRIMARY LI OF CONTRIBUTING LI	INJURY OCCURRED. (Enter nature of injury in Port I or Part I	II of item 18.)
MCDIC	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCUR! While Not Will at work of wo	hile foctory, street, office bldg., etc.)	(City or town) (County) (Stote)
	21. I certify that I took charge of the remains descri		
	death resulted from: Natural causes , Accide	ent, Suicide, Hamicide, Unc CHIEF MEDICAL EXAMINER	determined manner
	SIGNATURE / G delen	M.D ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S F.J. EDELE	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or	or county) / X X Y Y Y Y
	230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME SEMOVAL Specific 9-24-66 Smith 24. EUNERAL DIRECTOR ADD	E OF CEMETERY OR CREMATORY 23d. LOCA The Charles Ch. Com. Piss DRESS 25G. REC'D BY REGISTRA	ATION (City or Town) (County) (State) 990 (545. Co. Md.) REGISTRAR'S SIGNATURE
1	Martell adams alge	uarco DATE SEP 27	1966 Marley Cusse

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24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	ACE OF DEATH					2. USUAL RESIDENC	E (Where decease	d lived, If insti	tution: Residence	before admission
a.	COUNTY	"Hanin	_		100	a. STATE M	1-	b. COUNT	YY	
		MARLE	>		RYLAND	///	0.		CHA1	PLES
b.	CITY OR TOW	N (If outside corpora	te limits,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If	outside corpora	te limits, writ	e RURAL and glv	ve nearest town)
		and give nearest tow	(n)			11/0,	2000	m		15.50 . 1
		DORF				OVAL	DORF	1110	4	0/21
a.	NAME OF HUS	PITAL OR INSTITUTION	If not in h	ospital, give street	address)	d. STREET ADDRESS	/		6	ON A FARM?
<	*- CH	00165	C1:						,	
	5/ -11/	711463		//						
	ME DF CEASED	FI	rst	Middle		Last	4. DATE	Month	Day	Year
(T)	ype or print)	Caro	line	J.	Г	Phompson	DEATH	Sept	1	19 66
5. SE	X	6. COLOR OR RACE	7. MARRIED	MEYED MADDI	1 -	B. DATE OF BIRTH	19. AG		FUNDER 1 YEAR	IF UNDER 24 HRS
			7. WARRIED	NEVER MARRI	ED D	. PAIL OF BRITIS			Ionths Days	Hours Min.
_	र	Negro	MIDOMED	DIVORC	ED	3-30-65		yrs.		
loa. US	SUAL OCCUPAT	ION (Give kind of work	done 10b. k	IND OF BUSINESS	DR	11. BIRTHPLACE (Co	ounty & State, or 1	oreign country)	12. CITIZEN	OF WHAT
uring		ng life, even if retire	g)	NDUSTRY		10000	n	1 -	COUNTRY	
	NON		1	NONE		CHARLE.		2	U,S	14
13. F	ATHER'S NAM	E				14. MOTHER'S MAID	DEM NAME			
1	ARLE	< 1 7	HOM	nsoul		Mno	2. 7.	Homi	SON	
15 W		VER IN U.S. ARMED FO		SOCIAL SECURITY N	VO. 17.	INFORMANT	7 //	Addross	0077	_
		(If yes give war or dates o		300 AL SECURITI	10. 17.	INFUNIMAN	_	Address		
/	VO			NONE	1	HARLES 7.	HOMOSI	N 11/4	LDORF	= MD
I 18	CAUSE OF	DEATH [Enter only on	e cause ner	ine for (a) (b) and	(c)]	17777	No pige	1 0011		RVAL BETWEEN
1				0100	1/0/	AROHV	X1A.71	'A/	ONS	ET AND DEATH
	FART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) /3/	11/1/1	CV	1/00//	1////		2	MINERE
	5710	DUE								
100	onditions, If		B	CUTE	EN	TERITI	P We	TH	150	DAYS
	ive rise to		(b)							
	use (a), st		TO O	2.000	0				-74	1 111. 11
	derlying caus		(0)	-12031	7				07	Herry
5 P/	ART II. OTHER S	IGNIFICANT CONDITION	ONSCONTRIB	JTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	DISFASECONDITI	ONGIVENINE	ART1(a) 19.	WAS AUTOPSY
2										PERFORMED?
2									YE	S NO
79 P.	a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	Injury in Part I	or Part II of	Item 18.)	
	F EITHER. NO	NG CAUSE OF DEA	NER)							
				MINDY COOLIDATE	100a DI 40	C OF BUILDY (II am a fa	1 005 (01)		(Complete)	(04-4-)
20	Hour a.n	NJURY Month, Day,		NJURY OCCURRED		E OF INJURY (Home, fa y, street, office bldg., e		or town)	(County)	(State)
	p.r		While at wor	Not While at work		. /		. ,		
					. /	9/2//	4.9	1,11	20 11	1 (1) () 1.
		that (1) (this hos	ijtali) attena				b (, to /	6 1		at (I) (we) las
	saw the dec	eased alive on_9	11-6	19	and that	death occurred at	M, from	he causes at	nd on the date	stated above
22	2a. SIGNATUI	E	4	10					22b. DATE STO	NED
	1/10	leve a	1 M	delle	M.D.	ATTENDING PHYS.		STAFF PHYS.	9/1/4	6
22	c. PHYSICIA	V'S			1VI. D.	22d. ADDRESS	DIRECTOR	rnis.	// 1	
-	NAME (Ty		- 11	1 11-0		11/1	-0-	N	1 *	
		1 VDBER	100	· MER	KLE	WHLI	JOKH,	///	0	
	BURIAL, CREM		THEREOF	23c. NAME OF	EMETERY	OR CREMATORY	23d. LOCAT	ION (City, tow	n or county)	(State)
,	REMOVAL (Spe		-66	15-	1/2	ERS	11/11	DOT	FM	7
24 5	UNERAL DIRE		66	ADDRESS	4/		UD BY DECICEDA	PI 25h PFO	ISTRAR'S SIGNA	ATUDE
4. 1	I /	UTUK .	. 11	ADDRESS			D BY REGISTRA		- 0	ATUKE
11/2	HIMIT	THUNERI	31 /10	MA WAIT	ODE	- Mal CI	ED 0 10	acc on	leaven	Judge.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the retained by the bosoital or attending physician. Page 4 may

15M 4-64

KOHERT W. MERKES WELLERGE MID and the second of the second of the second

\$205S · Harry of Farmer with the William stull invitor . LT. EZALT SU-MOSPERCENT N. VERN V. May Elle-Ray Prix Little of the state of the stat Armort Fineral Home Inc., in Fleral, id.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STAT HEALTH DEPT

P.M3. Poge

any delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

necessary, please execute the certificate, writing the word "pending"

File pages 1 and 2 with the State Department of and another and within 72 hours ofter death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	12004	14000								
	PLACE OF DEATH COMMITTEES MARYLAND									
ŧ	b. CITY OR TOWN (If outside corporate limits, Wite RURAL and give named town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nanjemoy Md OS:/								
(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO								
(NAME OF DECEASEO Harry Toyer Middle (Type or print)	Last 4. DATE Month Doy Year OF OEATH 9-27-66								
S. S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED L Ale Negro WIDOWED DIVORCED	8. DATE OF BIRTH 27-2-1886 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HR: Months Doys Haurs Min.								
dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT USA USA USA USA								
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
-	JOHN TOYER.	Fannyx Erain Fanny Craik								
		Nary F. Coats -Niece-Nanjemoy, Md.								
IB. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Coronary Heart Disease (Occlusion) IMMEDIATE CAUSE (o)										
	Conditions, if ony, which gove rise to immediate couse (a), DUE TO DUE TO Arterio Sclere DUE TO DUE TO	osis General Indefinite								
	stoting the underlying couse lost. Ageing Pdoc	ress								
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED									
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	RED. (Enter noture of injury in Port I or Port II of item 18.)								
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)								
	21. I certify that I took charge of the remains described above	, held an Autopsy 🔲 , Inspection 💢 , Inquiry 🔯 , ond in my opinion								
	deoth resulted from: Natural causes X Accident ,	Suicide, Homicide, Undetermined monner								
	ACTUAL & STO	CHIEF MEDICAL EXAMINER 22. OATE SIGNED								
-	STRIPPING COLOR STRIPPING	M.D. ASSISIANT MEDICAL EXAMINER								
	EXAMINERY NAME () Amdrews MD, Indian H	DEPUTY MEDICAL EXAMINER 9-27-66								
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY									
-	. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
A	rehart Funeral Home, IncLa Pla	ta, Md. DATE OCT 10 1956 Charles Judge								

VR A15ME (5) 6M 1/66

 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death... TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12676
CERTIFICATE OF DEATH
12671

	s County	MARYLAN	NO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Charles				
LaPlata	/N (if outside corporate lim and give nearest town)	Two Days			outside corporate limit. Head Md	s, write RURAL	and give n	earest town)
	spital or institution (if ns Memorial	not in hospital, give street addr LaPlata Md	ess) d	J. STREET ADDRESS				RESIDENCE IN A FARM?
3. NAME DF DECEASED (Type or print)	First Bernice	Brown Wilson		Last	DF DEATH 9-2	Month 24-66	Day	Year 19
5. SEX Female	Negro w	MARRIED NEVER MARRIED OIVORCED	5 9	DATE OF BIRTH 0-4-1920	last birtho	rs.	Days Ho	ours Min.
Domesti	ic	10b. KIND OF BUSINESS OR INDUSTRY		Charle	sunty & State, or foreign co	CC	OUNTRY?	/HAT
	A.Brown			4. Mother's Maidi Mary O.G				
(Yes, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes give war or dates of servi	NOLE		FORMANT LOMAS Wil	son Husban	ddress ind	dián ! Md.	Head?
	EATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO any, which (b) immediate	se per line for (a), (b), and (c).] Diabetes Melli	tus	-				L BETWEEN AND DEATH finite
FICAT	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT					YES _	S AUTOPSY RFORMED? NO
	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. OESCRIBE HOW INJURY (JCCURRE	ED. (Enter nature of	Injury in Part I or Part	Il of item 18.		
ZOC. TIME OF I Hour a.n p.r		20d. INJURY OCCURRED 20e. While Not While at work	PLACE (actory, s	OF INJURY (Home, far street, office bldg., etc	rm, 20f. (City or town	n) (Cou	nty)	(State)
	ceased alive on 2-24	attended the deceased from 4-66 19, and	that de	eath occurred at7		ses and on th	, that (he date sta ATE SIGNED	ated above.
229. PHYSICIA NAME (TY	N'S (Pe) mes E. Andr	cews MD			IRECTOR PHYS.	□l9-2	25-66	
Burial 24. FUNERAL DIRE Johnson	Sept. 28,	0. 0.	rles		23d. LOCATION (City Glymont Company Co		S SIGNATUR	

Joseph A. Brown

Mary O.Gray

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	28.50		12677 CERTIFICATE	E OF DEATH 126	71
ier death	runeral s 1 and 2 ter/death		o. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: R o. STATE MARKLAND b. COUNTY	CHARLES.
aurs af	s. Pages havrs afte		b. CITY OR TOWN (If outside corporate limits, write RURAL one give negress away)	c. CITY OR TOWN (If outside corporate limits, write RURAL or COBB IS LAND	181
n 24 h	tilled in t papers. thin 72 ha	=	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Physicans Memorial Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	ban wit		(Type of pinn)	se Lost 4. DATE Month OF DEATH SEPTEMBE	
execute				Sept. 27,1966 lost birthdoy) yrs. Mor	INDER 1 YEAR OF UNDER 24 HR. nths Doys Hours Min.
e e	0 -	10 di	00. USUAL OCCUPATION (Give kind of work done luringmost of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) La Plata, Md.	12. CITIZEN OF WHAT
certific	onys en p ival,	1	DONALD JAMES WISE	14. MOTHER'S MAIDEN NAME MYRNA NAMETTE S	STEPHENS
the death certificate	arrending p permit. The ian, ar rema	1 (As a state of the	Ir. Donald James Wise	Cobb Islan
hat the	by the attend transit permit crematian, ar		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Audiotlespure	along Failurd	INTERVAL BETWEEN ONSET AND DEATH
equires	signed burial- burial,		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse	The state of the s	
	e nas been use as the alth priar ta	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
S PHYSICIAN: the hospital or	us certificate no tached far use Dept. af Health	MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Part II of item 18.)	
ω± :	Inis letac Dep	MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED Yebra 20e. PLAN foct of work at work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
	00			7/27/, 1966, ta 7/28/, st death accurred at \$454M, fram causes and	19 <u>66,</u> that (I) (we) lo on the date stated above
OR De L	ed with		De SIGNATURE ROMANIAN Schult Tom.	D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	26. DATE SIGNED / 66
Page 4 may b	director, page 3 shauld shauld be filed with the		22c. PHYSICIAN'S NAME (Type) George N. Schultz, M.D		-/
Page Page	direct shau	E	Burial, cremation, 23b. Date thereof 23c. Name of cemetery or Burial, Specify) 9/29/1966 Holy Ghost	Cemetery Issue , Ma	(County) (Stote)
VR 20	R A15 (4) M 1/66	2	Arehart "uneral Home, IncLa Plat		AR'S SIGNATURE

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	10 miles 22, 15 miles	A PART OF	
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A CONTRACTOR			
i di la	one of another than		

FOR STATE HEALTH DEPJ!

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

necessary, please execute the certificate, writing the ward

TO DEPUTY MESTAL EXAMINER:

This certificate should be executed within 24 hours after death. If

5 may be retained for your files.

• FUNERAL DIRECTOR: Page 3 should be used as o buriol-transit permit File dages land 2 with the State Deportment of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

VR A15ME (ST)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

A	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12012
1		PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (VALUE of deceased lived, if institution: Residence before odmission) D. COUNTY MARYLAND
		b. CITY OR TOWN (If Justide corporate limits, write RURAL and two exercises town) A House RURAL and two exercises town)
37	F	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ON A FARM? YES NO.
		NAME OF DECEASED OF DECEASED OF DEATH O
	S. 1	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years dat banday) WIDOWED DIVORCED 8. DATE OF BIRTH 9. AGE (In years dat banday) WIDOWED DIVORCED WIDOWED DIVORCED 11. BIRTHPLACE (expete of foreign country) 12. CITIZEN OF WHAT
	duri	ing most of working file year green gettings (COUNTRY) FATHER'S NAME 14 MOTHER'S NAME
	15.	WAS DECESSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT J. Address
	(Ye	is, no, or uningway (If yes give war or dotes af service) y Nove I brawka Mebel Hood lend
		18. (AUSE OF DEATH (Enter only one couse per live for (a) (b) ond (7.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO COUSE PART (Enter only one couse per live for (a) (b) ond (7.) ONE TO
		Conditions, if ony, which gove (b) DUE TO Conditions of the course (o), DUE TO DUE TO DUE TO
		stoting the underlying couse (c) (c) (The second state of the second second state of the second state of t
0	CERTIFICATION	PERFORMED? YES NO
		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
9	MEDICAL	Hour o.m. While Not While factory, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted from:
		ACTUAL SIGNATURE ACTUAL SIGNATURE M. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
	230	NAME (Type) Address (Street, city, town, or county) Address (Street, city, town, or county) Address (Street, city, town, or county) (County) (Stote)
	24	FUNERAL DIRECTOR WIRE SELEN DIDRESS COME SOME LESS RECISIFAR'S SIGNATURE
	1	This son to week Home, Somankey, Ma. DATE SEP 20 1966 garden Judge